

Chronic Wasting Disease		NEWBORN SUMMARY FOR PERIOD OF:		THROUGH	
NAME:			BUSINESS NAME:		
ADDRESS:			SPECIES:		
CITY:		ZIP:			
PHONE:			WI-CWD HERD NUMBER: 35 – CW --      --	USE FOR THE FIRST ELEVEN MONTHS OF NEWBORNS' LIVES	

#	OFFICIAL IDENTIFICATION Unique ID	Month & Year Born	SEX	IF SOLD, to Whom and When?	IF DIED, When?	IF Still In The Herd Write YES	Moved to Your Preserve
1				Name:	---/---/---		---/---/---
				Address:			
2				Name:	---/---/---		---/---/---
				Address:			
3				Name:	---/---/---		---/---/---
				Address:			
4				Name:	---/---/---		---/---/---
				Address:			
5				Name:	---/---/---		---/---/---
				Address:			
6				Name:	---/---/---		---/---/---
				Address:			
7				Name:	---/---/---		---/---/---
				Address:			
8				Name:	---/---/---		---/---/---
				Address:			
9				Name:	---/---/---		---/---/---
				Address:			
10				Name:	---/---/---		---/---/---
				Address:			

Chronic Wasting Disease		NEWBORN ADDITIONS (CONT) TO HERD FOR PERIOD OF:		THROUGH	Please complete in ink		
#	OFFICIAL IDENTIFICATION UNIQUE IDENTIFICATION	Month & Year Born	SEX	If SOLD, to Whom and When ?	If DIED, When?	If Still in the Herd, write YES	Moved to your Preserve
				Name: ----- Address:-----	---/---/---		---/---/---
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